The status of Tennessee foster parent training and support including fostering children with Neonatal Abstinence Syndrome (NAS), and the relationships of foster parents’ perceived abilities and motivations with likelihood to continue fostering

Elizabeth Ramsey, PhD, CFLE

PURPOSES

1. To understand the current status of foster parent training and support in the state of Tennessee, and how the current training and support related to the perceived abilities, motivations, and preparedness to foster

2. To focus on the training and support for those who foster children with NAS and how that training and support relate to the perceived abilities, motivations, and preparedness to foster

RESULTS

What is the state of foster parent training in the three major regions of Tennessee?

Above 80% of Foster Parents Trained in:

- First Aid and CPR
- Medication administration
- Cultural awareness
- Working with the birth parents and visitation
- Working with the education system
- Parenting sexually abused children

Below 25.6% of Foster Parents Trained In:

- Sudden Infant Death Syndrome (SIDS)
- Shaken Baby Syndrome
- Medically fragile children
- Neonatal Abstinence Syndrome (NAS)
- Soothing strategies for infants with NAS
- Symptoms of NAS

Source of NAS Training

- Lowest source: doctor or nursing staff 18.7% (n = 14)
- Hospital additionally low source, 21.3% (n = 16)
- Foster parent agency: 20% (n = 15)

Among parents who care for children with NAS, to what extent do they feel the training they received was adequate to meet their needs?

Is there a relationship between training (or lack of it) and foster parents’ likelihood to continue fostering?

- Crosstabulations generated with Pearson’s chi square statistic test to determine relationship, no relationship at the 0.05 alpha level

What is the current state of support offered by agencies or other sources to foster parents in the three major regions of Tennessee?

Agency Support:

- Highest: returned phone calls/ texts/emails (77.4%, n = 127) and additional/refresher trainings (76.8%, n = 126)
- Least: equipment, crisis management support, and agency-formed support groups.
- Less than a third reported having support in the form of respite care

Further Research

- It is suggested that this study be completed in other states to compare the status of foster care training (especially in the area of NAS) across states.
- Because of the different interpretations that states make regarding the Foster Care Independence Act of 1999, it would be wise to investigate other states’ practices to comprehensively define foster parent training and support.
- An in-depth program evaluation of Canada’s Safe Baby program is recommended to fully understand the content, delivery methods, and success rates of the program.

DISCUSSION

What is the current state of training in Tennessee (types, sources, and amounts) related to NAS?

Table 9. Frequencies and Percentages of Foster Parent NAS (N = 75)

<table>
<thead>
<tr>
<th>Type of NAS Training</th>
<th>Percent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>QS Training strategies</td>
<td>85.3%</td>
<td>n = 34</td>
</tr>
<tr>
<td>NAS Withdrawal symptoms</td>
<td>44.4%</td>
<td>n = 33</td>
</tr>
<tr>
<td>NAS medical score sheet</td>
<td>12.7%</td>
<td>n = 9</td>
</tr>
<tr>
<td>NAS daily infant care</td>
<td>17.3%</td>
<td>n = 28</td>
</tr>
<tr>
<td>Effects of drug and alcohol abuse on infants</td>
<td>41.3%</td>
<td>n = 31</td>
</tr>
<tr>
<td>Maternal drug abuse</td>
<td>23.9%</td>
<td>n = 18</td>
</tr>
<tr>
<td>Community resources</td>
<td>36.6%</td>
<td>n = 12</td>
</tr>
<tr>
<td>Parental self-care</td>
<td>9.3%</td>
<td>n = 7</td>
</tr>
<tr>
<td>Parental stress management</td>
<td>13.3%</td>
<td>n = 10</td>
</tr>
<tr>
<td>Impact on other children in the home</td>
<td>13.3%</td>
<td>n = 10</td>
</tr>
<tr>
<td>Service</td>
<td>2.7%</td>
<td>n = 2</td>
</tr>
<tr>
<td>Other</td>
<td>45.3%</td>
<td>n = 34</td>
</tr>
</tbody>
</table>

What are the fosters parents’ motivations to foster children in Tennessee?

- Highest motivation: wanting to make a difference and wanting to give back
- One respondent in East Tennessee: extra income
- One-fifth (n = 34): infertility issues

Are there relationships between parents’ training, gender, age, and region to continue fostering?

- Regression results indicate that the model of four predictors, gender, age, East, and West did not significantly predict likelihood to continue fostering R2 = .002, R2 adj = -.002

The status of Tennessee foster parent training and support developed by Marcellus (2000) differed from Tennessee foster parent training, as her programs and research were Canadian where different laws and regulations exist.